

POSITION	INITIALS	ID NO.	DATE
FEE DETERMINATION	B.H	60245	9-30-98
O.I.P.E. CLASSIFIER		3	10/1/98
FORMALITY REVIEW	C.M.	71632	10/7/98

## INDEX OF CLAIMS

✓ ..... Rejected      N ..... Non-elected  
 = ..... Allowed      I ..... Interference  
 - (Through numeral) Canceled      A ..... Appeal  
 ÷ ..... Restricted      O ..... Objected

Claim	Final	Original	Date
1	1	1	11/16/98
2	2	2	11/22/98
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If more than 150 claims or 10 actions  
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